

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/200246

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23	1					
24	1					
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
35		2				
36		2				
37	1					
38	1					
39	1					
40	1					
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.	11					
TOTAL DEP.		116				
TOTAL CLAIMS		127				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		4				
52		4				
53		4				
54		4				
55		4				
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65		4				
66	1					
67		1				
68		1				
69		1				
70						
71						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS